

## APPLICATION DATA SHEET

### I. Application Information

(a) Application type : **Regular**

(b) Subject Matter (check one):

1. ☒ Utility
2. ☐ Design
3. ☐ Plant

(c) Title of Invention : **Thin Film Mirror**

(d) Attorney Docket Number : **RR-523**

(e) Total Drawing Sheets : **12**

(f) Small entity (check one) :

1. ☒ Yes
2. ☐ No

### II. Applicant Information

#### 1. INVENTOR ONE

|                                    |                 |
|------------------------------------|-----------------|
| First Name:                        | <b>Eugene</b>   |
| Middle Name:                       |                 |
| Last Name:                         | <b>MARTINEZ</b> |
| Name Suffix (Jr., Sr., III, etc.): | <b>Sr.</b>      |

#### RESIDENCE

|                 |                  |
|-----------------|------------------|
| City:           | <b>Irvington</b> |
| State/Province: | <b>New York</b>  |
| Country:        | <b>US</b>        |

#### MAILING ADDRESS

|                     |                        |
|---------------------|------------------------|
| Street:             | <b>3 Woodbine Road</b> |
| City:               | <b>Irvington</b>       |
| State/Province:     | <b>New York</b>        |
| Country:            | <b>US</b>              |
| Postal or Zip Code: | <b>10533</b>           |

## **APPLICATION DATA SHEET (con't)**

### **III. Correspondence Information**

Correspondence Customer Number : 020427  
Name : Rodman & Rodman  
Street of Mailing Address : 7 South Broadway  
City of Mailing Address : White Plains  
State or Province of Mailing Address : New York  
Postal or Zip Code : 10601  
Phone Number : (914) 949-7210  
Fax Number : (914) 993-0668

### **IV. Representative Information**

Representative Customer Number : 020427

### **V. Domestic Priority Information**

| Application | Continuity<br>Type | Parent Application<br>Number | Parent Filing Date<br>MM/DD/YY |
|-------------|--------------------|------------------------------|--------------------------------|
|             |                    |                              |                                |
|             |                    |                              |                                |
|             |                    |                              |                                |

### **VI. Foreign Priority Information**

| Country | Application<br>Number | Filing Date<br>MM/DD/YY | Priority Claimed<br>(Yes or No) |
|---------|-----------------------|-------------------------|---------------------------------|
|         |                       |                         |                                 |
|         |                       |                         |                                 |

### **VII. Assignee Information**

ASSIGNEE NAME:

ADDRESS

|                     |  |
|---------------------|--|
| Street:             |  |
| City:               |  |
| State/Province:     |  |
| Country:            |  |
| Postal or Zip Code: |  |